Letter from Westminster

Dipping into the Queen's Speech

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One thing Mr Norman St John-Stevs, leader of the House of Commons, promised earlier this year was that the 1980-1 parliamentary timetable was not going to be overloaded with legislation. A quiet life for a change, it seemed, awaited MPs. Alas, this is now said to be unlikely. The new session, which opens on Thursday 20 November, is starting late. So the Government is going to be pushed for time to complete its programme within the parliamentary year, which will last until about the end of October 1981. That being so, one of the more meaningful sentences in the Queen's Speech will be the standard one at the end—"Other measures will be placed before you."

Under this blanket promise we can expect a Health Services (Miscellaneous Provisions) Bill. The point is that not having been promised specifically nobody can make political capital out of its non-appearance if time is found lacking. The Bill is expected to tidy up the rough edges left by last year's legislation on the reorganisation of the National Health Service and may tackle, among other things, the vexed problem of the registration of old people's homes. The major Bill from the DHSS will be a Social Security one carrying out the second stage of the reform of sickness benefit payments. The Government wants to shift responsibility for the first eight weeks of sick pay from the State to employers, which will mean a saving of some 5000 civil service jobs—a highly desirable end in these days of public spending cuts.

The trouble is that many general practitioners are opposed to having to write sick notes for employers rather than for the DHSS. This is one of the most contentious issues in their relationship with the department and was not helped by the hope that under the new scheme they would continue to issue them free. While the Government may well be able to impose the new scheme on reluctant employers and unions, the co-operation of GPs is essential since the scheme would fail without the provision of sick notes.

GPs had seized on the proposed change as a chance to divest themselves of the whole time-consuming business, but negotiations have led to a compromise proposal under which the issuing of sick notes would be removed from their terms of service. This would leave the way open for the profession to set its own level of charges, which could hardly be less than that for a prescription. Decisions have still to be taken, but the indications from the DHSS are that Ministers may be prepared to allow this concession in an attempt to buy the reluctant acquiescence of the doctors.

There will also be a major Transport Bill, which will make the evidence of new and accurate breath-testing machines permissible in a court of law. The effect will be to speed up appear-

ances and to make unnecessary the "second opinion" to the breathalyser bag provided by the taking of blood and urine samples, though the person concerned will still be able to demand that they be taken.

Controlling prescribing north and south of the border

Striking a chauvinistic note—to use the word in its exact sense—the report from the Public Accounts Committee on the control of drug prescribing in the NHS shows that these things are monitored rather better in Scotland than elsewhere in the United Kingdom. The report commends the Scottish system to the attention of the DHSS and the Welsh Office. In Scotland the health boards inform area medical committees at intervals of the prescribing costs of all doctors; instances in which average area costs are exceeded by more than 50% are specially investigated. According to the Scottish Home and Health Department, local area medical committees are concerned in the process throughout and fines are occasionally imposed against offending practitioners—two were fined last year, for example.

Sir Patrick Nairne, permanent secretary to the DHSS, was, however, rather lukewarm about following this example. The DHSS has the power to fine but he made it clear that the department would be unlikely to use it, seeing it at best as an ancillary and subordinate deterrent within the overall strategy of educating doctors to be good prescribers. Mr Joel Barnett, the chairman of the PAC and Labour MP for Heywood and Royton, remains to be convinced. He believes the DHSS may yet have to impose fines if excessive prescribing continues.

In England and Wales the Prescription Pricing Authority provides regional medical officers with information about doctors' habits, and instances where costs are more than 25% above the average for the family practitioner area are investigated. The latest figures show that in 1978 over 1600 practices exceeded the 25% level; 400 of these were persistently high-cost prescribers. The committee has accepted the argument put forward by the DHSS against the introduction of the limited list that it would be excessively bureaucratic and offer no certainty of savings.

Mr Barnett said that one of the lessons drawn from experience of other countries was that the lists tended to be expanded constantly. "I am not pretending we are happy about the way drugs are prescribed but we recognise that there are problems for lay officials in dealing with the medical profession," he added. "The argument inevitably is 'You cannot interfere with our clinical judgment about how many drugs are required' and so on." He said the PAC would keep an eye on the issue. But one of the problems about changing the present system was that the alternatives ran the risk of ending up with a system employing so many officials to check on usage that they cost more than the savings achieved.